

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Stone
Township HURLEY
City (No)

Registration District No. 846
Primary Registration District No. 6283

File No. 4648
Registered No. 3
St. (No) Ward (No)

2. FULL NAME

Mary Elizabeth Williams

(a) Residence, No. (Usual place of abode) St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Duke Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1846
7. AGE YEARS 90 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. formerly housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. J. L. Cox
Chane, Mo R-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wise Hill DATE Jan. 30-37

19. UNDERTAKER T. W. Maples
(ADDRESS) Chester, Mo.

20. FILED 8-10-1937 H. P. Dummer Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29-1937

22. I HEREBY CERTIFY, That I attended deceased from (Signature), 1937, to (Signature), 1937

I last saw h. (Signature) alive on (Signature), 1937. Death is said to have occurred on the date stated above, at 1-45A.m.

The principal cause of death and related causes of importance were as follows:
Date of onset

apoplexy
Other contributory causes of importance: information from family

Name of operation (Signature) Date of (Signature)
What test confirmed diagnosis? (Signature) Was there an autopsy? (Signature)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (Signature) Date of injury (Signature), 1937
Where did injury occur? (Signature) (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (Signature)
Nature of injury (Signature)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signature)
(Signed) H. P. Dummer
(Address) Sturley, Mo.

There was no physician waited on this lady. Her family, her undertaker

